# Pathways to Employment
# & Successful Community Living

*Annette Shea*

# Agenda

- ACL Investments
- Effective, evidence based practices which support successful employment outcomes
- Research findings
- Current and emerging community practices within healthcare systems
- Individual stories
- What's on the horizon
- Discussion

# Panelists

**Annette Shea**, Policy and Program Specialist, Center for Policy and Evaluation, Administration for Community Living

**Leslie Caplan**, Rehabilitation Program Specialist, National Institute on Disability, Independent Living, and Rehabilitation Research, Administration for Community Living

**Sarah Triano**, Director of Policy & Innovation, Complex Care, Centene Corporation

# HHS Employment Goal

*Vision*: *Individuals with disabilities will not need to choose between health care supports and work to live successfully in the community. All individuals with disabilities will have access to competitive, integrated employment options as a pathway to achieving successful community living.*

**ACL Goal:** To improve the lives of all individuals with disabilities, ACL will pursue policies that promote improved economic status through employment. ACL will encourage systems that promote competitive integrated employment opportunities, career and skills development, and offer an array of appropriate work supports needed to achieve and maintain employment.

# ACL Policy and Programmatic Investments

# ACL Pillars

- **Expanding employment opportunities**
- Supporting families and caregivers
- Protecting rights and preventing abuse
- Connecting people to services
- Strengthening the aging and disability networks

# ACL Pillars - Employment

- The purpose of the **Employment Pillar** is identify a set of short and long term activities which take bold steps to expand employment opportunities for people with disabilities of all ages. These activities will align with ACL's mission.  The Employment Pillar team's goal is to identify innovative and possibly non-traditional strategies.

# Projects of National Significance (PNS)
## Administration on Intellectual and Developmental Disabilities

**Partnerships in Employment (PIE) Grants – Systems Transformation**

- In 2010, AIDD began awarding Partnerships in Employment Systems Change (PIE) grants which prioritize employment for youth and young adults with I/DD.  Since 2011 ACL has awarded **$18 million in PIE grants to 14 states**. The five-year grants awarded to 14 states from (2011, 2012 and 2016 ) will help enhance collaboration across existing state systems, including programs administered by state developmental disabilities agencies, state vocational rehabilitation agencies, state educational agencies, and other entities to prioritize employment as the first and preferred option for youth and young adults with developmental and intellectual disabilities. 2011:  California, Iowa, Mississippi, Missouri, New York, Wisconsin. 2012: Alaska, Tennessee. 2016:   Washington, DC, Hawaii, Kentucky, Massachusetts, South Carolina, Utah.

# Projects of National Significance (PNS)
## Administration on Intellectual and Developmental Disabilities

**Training and Technical Assistance**

- To supplement the work of the current PIE states, TASH was awarded a five-year Cooperative Agreement to provide training and technical assistance to the PIE states.

- The Lewin Group was awarded a five-year contract to conduct the evaluation for the Partnerships in Employment Systems Change grants.

**Communities of Practice (COP) – Employment**

- AIDD has also funded Communities of Practice in Employment which provided technical assistance to states as they moved forward with their employment first agenda. COP states: DC, Idaho, Kentucky, Maryland, Minnesota, New Hampshire, North Dakota

# Impact of PNS Initiatives - Employment

**Education of Legislators**

- PIE states facilitated **Take Your Legislator to Work Day**, where state legislators attended the workplace of a youth employee with I/DD to learn about the youths' employment experiences firsthand. This helped policymakers understand that youth are motivated to, interested in, and excel at working.

- PIE states also brought self-advocates to meet with state and national legislators to share their employment experiences and make the case for increasing employment opportunities for people with disabilities.

**Improved Support to Families**

- To dispel misunderstandings about youths' desires for employment, support families to help youth reach their employment goals, and expose families to new opportunities and expectations around youth employment, PIE states engaged parents and families of youth with I/DD through various methods, including through surveys, trainings, and Parent and Family Coalitions. Family Coalitions provided information about employment to families, and also provided forums for families to engage with state agency representatives to provide comments on state plans.

# Impact of PNS Initiatives - Employment

**Change Employers Attitudes**

- PIE consortia recognized that engaging businesses, changing businesses' expectations and attitudes about hiring youth with I/DD, and forming relationships with businesses are important to finding and creating job opportunities for youth with I/DD. As a result, grantees employed a variety of methods to engage businesses.

- Ex. Alaska's consortium, the Alaska Integrated Employment Initiative, created the Business Employment Services Team (BEST), an interdepartmental business engagement that includes support from various Alaska State agencies. Alaska's consortium, the Alaska Integrated Employment Initiative, created the Business Employment Services Team (BEST), an interdepartmental business engagement.

**Support for Employers**

- PIE states created resources and trainings to help employers better support and provide reasonable accommodations for employees with I/DD.

- Benefits Education: States created tools and resources to help youth and families understand the impact employment will have on benefits.

# ACL Employment Investments and Priorities

- ACL maintains a strong partnership with Labor's Office of Disability Employment Policy (ODEP). ACL and ODEP work together on a number of initiatives to promote employment for people with disabilities of all ages, including the **Senior Community Service Employment Program (SCSEP)** which, authorized by the Older Americans Act, is a community service and work-based job training program for older Americans as well as the **Federal Partners in Transition** which is a collaborative effort along with Social Security Administration and the Department of Education to promote successful outcomes for youth in transition.

# Senior Community Service Employment Program

- The **Senior Community Service Employment Program (SCSEP)** is a community service and work-based job training program for older Americans. Authorized by the Older Americans Act, the program provides training for low-income, unemployed seniors. Participants also have access to employment assistance through American Job Centers.

- **SCSEP** participants gain work experience in a variety of community service activities at non-profit and public facilities, including schools, hospitals, day-care centers, and senior centers. The program provides over 40 million community service hours to public and non-profit agencies, allowing them to enhance and provide needed services. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum wage. This training serves as a bridge to unsubsidized employment opportunities for participants.

# ACL Employment Investments and Priorities

- The Workforce Innovation and Opportunity Act and ACL **(WIOA) and Centers for Independent Living New Core Service -** Support the successful implementation of the new core service and promote promising practices within CILs.
  - (iii) facilitate the transition of youth who are individuals with significant disabilities, who were eligible for individualized education programs under section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C. 1414(d)), and who have completed their secondary education or otherwise left school, to postsecondary life.

- **Medicaid** policy subject matter expertise and liaison for states, federal and advocacy groups with CMS, including **Medicaid Buy-In program**, disability policy matters. Promote the enhancement of the Medicaid Buy-in program. Identify states in which there could be opportunities for policy and programmatic improvement.

- Support CMS with the successful implementation of the Home and Community Based Service **(HCBS) settings rule**.

# Centers for Independent Living

**Centers for Independent Living Core Services**

- Information and referral

- IL skills training

- Peer counseling

- Individual and systems advocacy

- Services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life.

# Centers for Independent Living

- Centers also may provide, among other services: psychological counseling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with significant disabilities to function independently in the family or community and/or to continue in employment.

# Centers for Independent Living

**Model Employer:**

- CILs have two statutorily referenced roles in terms of post secondary transition of young people with disabilities who had IEPs aged 14 to 25 and helping individuals with significant disabilities of all age "maintain employment".

- About two thirds of CIL staff, including executive directors, have disabilities, especially significant disabilities.  Thus many are model employers of and for people with disabilities as well as other employers. CILs serve as spring boards and potential feeder systems for career path employment.

# Provider Transformation

## From Workshops to Workforce:
### Tips for Providers Transitioning to an Integrated Employment Model

- Plan and Prepare for a Successful Transition

- Cultivate Partnerships and Funding

- Staff for a Successful Transition

- Guide Beneficiaries Toward Integrated Employment Outcomes

# Provider Transformation Results

- Reallocating staff member to work in the community and initially focused individuals in the facility based model (age 26 or younger) who expressed a strong interest in getting a job; providing them with individualized, customized approach to supporting employment.

- Individuals now participate in integrated day services wrapped around employment, employment supports and day services that support community activity such as gym/fitness, cooking, volunteering, and job experience training to prepare the individual for work life.

- Providers optimize federal funding options by sequencing Vocational Rehabilitation (VR) funds with Medicaid waiver funding. The VR agency is actively engaged and willing to be a strong partner.

- Family member of a youth in transition noted that at first she wasn't in agreement with her son moving from facility based services.  But a year later she commended the agency saying that since obtaining receiving community-based services, he was talking more and happier.

- The agency promotes the individuals' successful employment experiences through newsletters, email blasts, board meetings, parents group or any relevant forum providing the opportunity for the community to "hear good stuff" about the program.

# Key HCBS Services Supporting Employment

- Career Planning

- Co-worker models of support

- Prevocational Services

- Supported Employment -Individual Employment Support

- Supported Employment - Small Group Employment Support

- Customized Employment

- Personal Attendant Services

- Peer Support

# Medicaid Buy-In

- The Medicaid Buy-In is an optional Medicaid program for workers with disabilities.

- The vast majority of states cover at least one of the "buy in" groups. Premiums are not mandatory. Not all states require Medicaid Buy-In beneficiaries pay premiums.

- The few states that do not presently cover one of the "buy-in" eligibility groups may adopt one of them at any time.  State Medicaid agencies work with the Centers for Medicare and Medicaid Services (CMS) to add or make changes to their Medicaid program.

- States that presently have a Medicaid Buy-In can make changes to their income and asset rules to promote employment _and_ earnings by submitting a request to the Centers for Medicare & Medicaid Services (CMS). Like other proposed Medicaid changes, CMS reviews State requests for approval.

    * Income and asset rules cannot be below federal minimum standards.

# Medicaid Buy-In

- **Why do States need a Medicaid Buy-In?**
  - Medicaid offers critical services not offered by Medicare or private/employer sponsored insurance such as personal attendant services, extended therapies, durable medical equipment.

- **Challenges:**
  - Not every state has a Medicaid Buy-In.
  - Many states have low enrollment due to income limits and low expectations with regards to earnings.
  - Not everyone is familiar with Medicaid Buy-In.
  - Some individuals fear loss of benefits with increased income
  - Some individuals suppress their income due to cost-sharing requirements tied to earnings.
  - Lack of more current Medicaid Buy-In data across states

# Medicaid Buy-In Policies Promoting Earnings and Employment

**Critical policy drivers which promote Employment _and_ Earnings:**

- No income limit – 4 states have no income limit

- No asset limit – 5 states have no asset limit

- Higher income and/or asset limits (450% FPL or higher) – Of the states with income limits 4 have set them at 450% FPL or higher

- Financial eligibility methodology includes only enrollees income and does not include spousal income where applicable – 5 states have this policy

- No premiums or if sliding scale premiums are used, the methodology does not include spousal income

    - 12 states do not include spousal income in premium methodology

- Inclusion of a Grace period as a programmatic feature

# Medicaid Buy-In – What's next?

- Opportunities for change:
  - Promote Medicaid Buy-In for all states
  - Promote Medicaid Buy-In programmatic features with earnings friendly policies.
- ACL and Labor's Office of Disability and Employment Policy (ODEP) with support from the LEAD Center will release 2 documents:
  - Medicaid Buy-In Q & A
  - Policy brief featuring Employment and Earnings promoting policies within Medicaid Buy-In programs

# Steve's Story

- 65 year old man with a spinal cord injury

- Achieved a degree in Journalism but struggled to find a job. Went on Supplemental Security Income (SSI).

- He contacted his state's Vocational Rehabilitation (VR) agency. He became a peer counselor for the VR agency at age 23. Married in 1977.

- Utilized Personal Attendant Services to hire a driver. Wrote a SSA PASS plan. Purchased a accessible van.

- Became active in national disability rights. Big motivator: Wanted to work. He knew he had to work in order to achieve "the American Dream." His own home, family.

# Steve's Story

- Independent Living Centers were emerging. Received support from the Spinal Cord Association. Started an Independent Living Center in his community

- Bought his first home in 1982. He and his wife adopted 2 children in 1996. He now has a granddaughter.

- Played a major role in designing and developing his state's Medicaid Buy-In program pre-TWWIIA. He has been enrolled in his state's Medicaid Buy-In program for more than 20 years.

- "It's all about leveling the playing field. Just because I have a disability doesn't mean I should be excluded from the American Dream. Work is part of the American Dream."

# David's Story

- Working older adult with a physical disability

- Key factors to successful Employment:

    - Centers for Independent Living

    - Medicaid Buy-In
        - David's state Medicaid Buy-In program has no income or asset limit and allows working individuals with disabilities to remain on the program at age 65 and older

- According to David, working with access to Medicaid through the Buy-In allowed him to stay in the community and out of facilities.

# David's Story

- Services through Medicaid are not available through other payer sources including personal care attendant services and durable medical equipment.

- "With (Medicaid Buy-In), it became possible for me to complete graduate school, through a doctorate, and have a successful career in neuropsychology. Health insurance, not available to the disabled due to their high medical expenses, was always the great impenetrable barrier to gainful employment for the disabled, and with the Medicaid Buy-In Programs that final barrier to gainful employment and a meaningful and normal life in the community was finally possible for all of us."

- "When I wake up in the morning in my own home, rather than in a hope-extinguishing nursing home."

- "The Medicaid Buy-In Program has been and continues to be a lifesaver, and I trust every effort will be made to maintain and even expand it, so that even more of us can be income-producing taxpaying citizens living in the community, rather than vegetating in chronic care facilities at great cost to other taxpayers!"

# Mary's Story

- 51 year old woman with a progressive neuromuscular disease

- When she was a teenager she met a lead advocate in the disability community when she attended a peer group  for youth with disabilities. That individual continues to be her mentor.

- After high school met a positive female role model with a disability who worked at the Disabled Student Services office her university who made a huge difference.

- Years later after graduating college went to work for an Independent Living Center (CIL) and worked there for 16 years.

# Mary's Story

- Medicaid Buy-In which she learned about from working at the CIL. While working at the CIL she continued her education and earned a Masters level certificate in Human Services Management while managing the Personal Care Attendant program for the CIL.
    - Mary's state Medicaid Buy-In has no income or asset limit

- She was planning on working for many years but health issues have forced her to cut my hours to part time. She just celebrated her 51$^{st}$ birthday and says that's "pretty remarkable for someone with IFSHD."

- "I am able to afford a small home and remain in the community in part because of (Medicaid Buy-In). I definitely would not be able to work without it!" As a woman with a progressive neuromuscular disease I have been able to work while having continuous medical issues.

- According to Mary, Medicaid Buy-In has helped her to maintain employment out of my home and independent in the community. She currently works part time as a Marketing/Scheduler for a small non profit thrift store.

# Resources & Definitions

# From Workshops to Workforce:
## Tips for Providers Transitioning to an Integrated Employment Model

**Plan and Prepare for a Successful Transition**

- Develop and implement a strategic plan.
- Take small incremental steps to build infrastructure and slowly reallocating resources. Include parents and caregivers of individuals who have transitioned successfully to integrated employment.
- Utilize technical assistance resources and subject matter experts, including those focusing on individualized supports and person-centered planning.
- Stay connected to other providers who have either gone through, or are undergoing, the same transformative change. Learn from each other.
- Create a core team that really believes in the integrated model. The team should get together regularly so they can overcome issues and keep things moving to avoid falling back on the old model.
- Implement a holistic approach that includes "wrap-around" services to meet the diverse needs of their customers.
- Communicate with families about their fears.
- Make sure the community hears about the program's successes during the transition. Utilize newsletters, email blasts, board meetings, parents groups, and other relevant forums to highlight the positive experiences of successfully employed individuals.

# Tips for Providers Transitioning to an Integrated Employment Model

**Cultivate Partnerships and Funding**

- Optimize funding mechanisms, policy levers, and incentives. This includes federal grants from the U.S. Departments of Labor and Health and Human Services as well as funding from Vocational Rehabilitation (VR) and Medicaid.
- Sequence resources from multiple funding streams like Medicaid and VR for services and supports such as discovery, writing an individual job development plan, customized job development, job coaching, and job stabilization.
- Utilize Ticket to Work and Work Incentive Improvement Act (TWWIIA) Employment Network funds.
- Become an eligible training provider through the Department of Labor American Job Centers, formerly One Stop Career Centers.
- Participate in Project SEARCH
- Engage the VR agency as a strong partner.
- Examine and, where necessary, improve service rate reimbursement methodologies.
- Secure grant funding from local foundations and corporations to assist with infrastructure changes including purchasing equipment and supporting hiring additional staff to help transform the model.

# Tips for Providers Transitioning to an Integrated Employment Model

**Staff for a Successful Transition**

- Talk to staff early and frequently about the business model change and reassure them that the plan is not to fire them.
- Shift staff hiring, job functions, and training approaches to fit the integrated model. For example, sales staff who secured workshop contracts can shift to seeking and developing community employment opportunities and business partnerships.
- Train all staff to incorporate an individualized, person-centered, and customized approach to supporting integrated employment into every aspect of their work.
- Initially, have staff focus on small groups of individuals age 26 or younger in the workshop who have expressed a strong interest in getting a job.
- Cross-train job development staff so anyone could perform intake, discovery, and placement if needed.
- Hire stabilization coaches to support individuals once they are employed.

# Tips for Providers Transitioning to an Integrated Employment Model

- **Guide Beneficiaries Toward Integrated Employment Outcomes**
    - Start by implementing a soft skills curriculum including: resume writing, handling conflict with a boss, interview preparation, dressing appropriately, and navigating a professional environment.
    - Offer career-counseling, discovery-based assessment, job development, job placement, on the job training and ongoing employment support.
    - Adapt services to meet each person's specific needs. The more individualized the support, the more likely there is a successful employment outcome.
    - Connect beneficiaries to "wrap around" supports and continuing education programs including meaningful day activities such as fitness activities, computer courses, volunteering, and cooking classes.
    - Explore volunteer placements to develop skills and experiences.
    - Welcome individuals who transitioned to integrated employment to return as motivation for their peers.
    - Maintain a "wall of fame" in a common area featuring pictures and individual success stories of peers.

# Key HCBS Services Supporting Employment

**Career Planning**

- Career planning is a person-centered, comprehensive employment planning and support service that provides assistance for waiver program participants to obtain, maintain or advance in competitive employment or self-employment. It is a focused, time limited service engaging a participant in identifying a career direction and developing a plan for achieving competitive, integrated employment at or above the state's minimum wage. The outcome of this service is documentation of the participant's stated career objective and a career plan used to guide individual employment support.

- **Co-worker models of support** to deliver on the job supports are effective service delivery methods that are often less expensive to provide and less intrusive to the flow of a business, helping the employee with a disability not just learn the task based elements of the job, but also the cultural norms and relationships within that job setting. Co-worker models of support rely on regular employees within the work setting who provide on the job training and ongoing support to the waiver participant that is beyond what is typically provided as part of supervision or training to employees. Co-worker supports may be delivered on a volunteer basis or paid through a stipend or other statewide payment methodology and unit cost. Importantly, payment for co-worker supports is not payment to the employer for hiring the individual. Instead, it is encouraging the forging of natural work relationships with individuals already present and participating in the work environment. These models are not intended to replace the support provider's work, rather, it would be an additional mentoring/support role for which co-workers could receive additional compensation above what they receive in the course of their typical job responsibilities.

# Key HCBS Services Supporting Employment

**Prevocational Services**

- Services that provide learning and work experiences, including volunteer work, where the individual can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings. Services are expected to occur over a defined period of time and with specific outcomes to be achieved, as determined by the individual and his/her service and supports planning team through an ongoing person-centered planning process.

- Individuals receiving prevocational services must have employment-related goals in their person-centered services and supports plan; the general habilitation activities must be designed to support such employment goals. Competitive, integrated employment in the community for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities is considered to be the optimal outcome of prevocational services.

- Prevocational services should enable each individual to attain the highest level of work in the most integrated setting and with the job matched to the individual's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines. Services are intended to develop and teach general skills; Examples include, but are not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training.

# Key HCBS Services Supporting Employment

**Supported Employment -Individual Employment Support**

- The ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

- Supported employment services can be provided through many different service models. Some of these models can include evidence-based supported employment for individuals with mental illness, or customized employment for individuals with significant disabilities. States may define other models of individualized supported employment that promote community inclusion and integrated employment.

- Supported employment individual employment supports may also include support to establish or maintain self-employment, including home-based self-employment. Supported employment services are individualized and may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits support, training and planning, transportation, asset development and career advancement services, and other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

# Key HCBS Services Supporting Employment

**Supported Employment - Small Group Employment Support**

- Services and training activities provided in regular business, industry and community settings for groups of two (2) to eight (8) workers with disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Supported employment small group employment support must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces. The outcome of this service is sustained paid employment and work experience leading to further career development and individual integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Small group employment support does *not* include vocational services provided in facility based work settings.

- Supported employment small group employment supports may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, training and systematic instruction, job coaching, benefits support, training and planning transportation and career advancement services. Other workplace support services may include services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

# Key HCBS Services Supporting Employment

- **Customized Employment** is a flexible process designed to personalize the **employment** relationship between a job candidate or **employee** and an employer in a way that meets the needs of both. It is based on identifying the strengths, conditions, and interests of a job candidate or **employee** through a process of discovery.

- **Personal Attendant Services (PAS)** also known as **Personal Care Attendant (PCA)** are a range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily activities on and off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual's control in life and the individual's ability to perform activities on and off the job.

# Key HCBS Services Supporting Employment

- **Supported employment and prevocational services** may be furnished as expanded habilitation services. They may be offered to any target group for whom the provision of these services would be beneficial in helping them to realize their goals of obtaining and maintaining community employment in the most integrated setting. The provision of these services is not limited to Medicaid waiver participants with intellectual or developmental disabilities, and can be a meaningful addition to the service array for any target groups.

# Key HCBS Services Supporting Employment

- **Peer Support** providers are a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of behavioral health care services, can be an important component in a state's delivery of effective treatment.

- Centers for Independent Living are committed to consumer controlled, **peer support**, role modeling and creating a better future.

# Senior Community Service Employment Program

- Participants must be at least 55, unemployed, and have a family income of no more than 125% of the federal poverty level. Enrollment priority is given to veterans and qualified spouses, then to individuals who are over 65, have a disability, have low literacy skills or limited English proficiency, reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, or have failed to find employment after using services through the American Job Center system.

- SCSEP grantees include state agencies and 19 national non-profit organizations. For more information on SCSEP programs in your area, America's Service Locator call the Toll-Free Help Line at 1-877-US2-JOBS (1-877-872-5627).

# HHS Historic Events and Investments

- **Developmental Disabilities Act** of 1963, a historic piece of legislation that we now know as the Developmental Disabilities Assistance and Bill of Rights Act (DD Act).
- **The Rehabilitation Act** of 1973 expanded employment and opportunities for community living for people with disabilities.
- **Americans with Disabilities Act (ADA)** 1990 and **Olmstead Decision** of 1999
- **Ticket to Work and Work Investments and Opportunities Act (TWWIIA)** of 1999
  - Incentivized employment by expanding access to **Medicaid and Medicare** for workers with disabilities.
  - **Medicaid Infrastructure Grants (MIG)** spanned more than 11 years with almost a half billion dollars invested in state infrastructures.
  - The **Demonstration to Maintain Independence and Employment (DMIE)** grants awarded funds to states to develop, implement, and evaluate interventions for workers with potentially disabling conditions.
- In 2014 the **Workforce Innovation  and Opportunity Act (WIOA)** went into effect. It provides comprehensive change to a number of employment and education-related programs, including services for people with physical, intellectual, and developmental disabilities.

# Resources

- Partnerships in Employment (PIE) Grants: https://www.acl.gov/programs/youth-transitions/partnerships-integrated-employment-system-change-grants
- ACL AIDD Employment First Initiatives: https://www.acl.gov/programs/youth-transitions/aidd-employment-first-initiatives
- Changing Lives for Youth with Disabilities by Supporting Employment and Strengthening Partnerships: https://www.acl.gov/news-and-events/acl-blog/changing-lives-youth-disabilities-supporting-employment-and-strengthening
- ACL Blogs featuring Employment Providers Promising Practices: https://www.acl.gov/index.php/news-and-events/acl-blog/workshops-workforce-tips-providers-transitioning-integrated-employment
- ACL TWWIIA blog Incentivizing Employment with Medicaid and Medicare: https://www.acl.gov/news-and-events/acl-blog/ticket-work-and-healthcare-incentivizing-employment-medicaid-and-medicare
- ACL blog highlighting features and business case for Medicaid Buy-In: https://www.acl.gov/news-and-events/acl-blog/medicaid-buy-opens-doors-employment-people-disabilities
- Celebrating 53 years of the Developmental Disabilities Act https://www.acl.gov/index.php/news-and-events/acl-blog/celebrating-53-years-developmental-disabilities-act
- Implementing WIOA with link to the IL final rule https://www.acl.gov/news-and-events/announcements/acl-releases-independent-living-final-rule

# Resources

- The Rehabilitation Act of 1973: Independence Bound  https://www.acl.gov/index.php/news-and-events/acl-blog/rehabilitation-act-1973-independence-bound
- The Workforce Innovation and Opportunity Act and ACL: https://www.acl.gov/about-acl/authorizing-statutes/workforce-innovation-and-opportunity-act
- Federal Partners in Transition (FPT) 2020 Strategic Plan: https://youth.gov/feature-article/federal-partners-transition
- Medicaid.gov Employment page: https://www.medicaid.gov/medicaid/ltss/employmment/index.html
- Mathematica Policy Research MIG products: https://www.mathematica-mpr.com/our-publications-and-findings/projects/medicaid-buy-in-program
- Mathematica Policy Research Top Outcomes of MIG Grants: https://www.mathematica-mpr.com/our-publications-and-findings/publications/what-were-the-top-outcomes-of-state-medicaid-infrastructure-mig-grants

# ACL Contact Information

**Annette Shea**

**Annette.Shea@acl.hhs.gov**

**617 565-1164**

# NIDILRR-funded Research on Improving Employment Outcomes for People with Disabilities

Leslie Caplan

National Institute on Disability, Independent Living, and Rehabilitation Research

Administration for Community Living

*HCBS Conference, 2018*

*Baltimore MD*

# Overview

- NIDILRR: Who we are, what we do, and why it matters
- What NIDILRR Funds
- Samples of grants in NIDILRR's employment portfolio, including psychiatric disability, traumatic brain injury, and intellectual and developmental disabilities
- Examples of NIDILRR-funded employment research findings
- Examples of NIDILRR-funded technical assistance resources related to employment of people with disabilities

# Who We Are, What We Do, and Why It Matters

– NIDILRR is a center within the Administration for Community Living

– Mission: To <u>generate new knowledge</u> and to <u>promote its effective use</u> to:

- improve the abilities of individuals with disabilities to perform activities of their choice in the community;

- and to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities.

– Knowledge useful to service providers, policy makers, people with disabilities and other stakeholders

# What Kind of Research Does NIDILRR fund?

- NIDILRR funds applied research and development from many disciplines, in <u>three targeted outcome domains</u> that are important in the lives of people with disabilities:
  - Health and function
  - **Employment (also one of ACL's pillars)**
  - Community living and participation
- Many grants are cross-domain, cross-disciplinary

# NIDILRR's approach to employment

- Employment outcomes for people with disabilities are a function of characteristics of the individual, as well as the environment, which includes the employer, service providers, and policy

- NIDLRR grantees conduct research in all of these areas

# Samples of NIDILRR-funded grants related to employment policy

- Rehabilitation Research and Training Center on Employment Policy and Measurement  (University of New Hampshire)
- * The Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center (University of Massachusetts Medical School)
- VR-ROI Project: Estimating Return on Investment in State Vocational Rehabilitation Programs (University of Richmond)
- *Rehabilitation Research and Training Center on Integrated Health Care & Self-Directed Recovery (University of Illinois-Chicago)
- RRTC on VR Practices for Youth and Young Adults (Transcen, Inc.)
- Rehabilitation Research and Training Center on Disability Statistics and Demographics (Univ. of New Hampshire)
- Collaborative on Health Reform and Independent Living (Washington State University)

* Grantee receives funds from both NIDILRR and SAMHSA

# Samples of NIDILRR-funded grants related to employment for individuals with psychiatric disabilities

- Integrated Program to Improve Competitive Employment in Dually Diagnosed Clients (Howard University)
- Manual and Training Program to Promote Career Development Among Transition Age Youth and Young Adults with Psychiatric Conditions (Rutgers University, University of Massachusetts Medical School)
- Integrated Scaling Approach: A Model for Large Scale Implementation of Effective Interventions for Employment (Boston University)
- TEST - Translating Evidence to Support Transitions: Improving Outcomes of Youth in Transition with Psychiatric Disabilities by Use and Adoption of Best Practice Transition Planning (University of Massachusetts Medical School)
- * Rehabilitation Research and Training Center on Improving Employment Outcomes for Individuals with Psychiatric Disabilities (Boston University)
- * The Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center (University of Massachusetts Medical School)

* Grantee receives funds from both NIDILRR and SAMHSA

# Samples of NIDILRR-funded grants related to employment for individuals with intellectual and developmental disabilities

- Evaluating the Effectiveness of CareProfiler Post-Hire System for Staff Supporting People with Disabilities and Age-Related Needs: Cluster Randomized Trial (University of Minnesota)

- Rehabilitation Research and Training Center on Advancing Employment for Individuals with Intellectual and Developmental Disabilities (ICI, University of Massachusetts-Boston)

- Progressive Employment for Individuals with the Most Significant Disabilities (ICI, University of Massachusetts Boston)

- Effects of Customized Employment on the Employment Outcomes of Transition-Age Youth with Disabilities: A Randomized Clinical Trial (Virginia Commonwealth University)

- Facilitating Employment for Youth with Autism: A Replication Study of an Internship Model to Identify Evidence Based Practices (Virginia Commonwealth University)

# Some examples of NIDILRR-funded employment research findings

- <u>Thinking Skills for Work</u>: cognitive remediation intervention to address work-related cognitive issues in people with mental illness (series of grants to Dartmouth University, Boston University)
  - A series of randomized control trials have demonstrated positive outcomes on functioning and employment outcomes.
  - Now considered an evidence-based practice.
  - Combined analysis of all studies to date now in progress
  - Scale-up model now being developed

# Some examples of NIDILRR-funded employment research findings (cont'd):

- <u>Internship model for students with ASD</u>: Adaptation of Project Search internship model by adding ASD-specific supports for high school students with autism (multiple grants to Virginia Commonwealth University)

  - Implemented in a hospital network, randomized control trial

  - Results from original site, competitive employment (more results coming):

| | Control Group | Internship Group |
|---|---|---|
| End of school year | 94% UNemployed | 87.5% Employed |
| 1 year post-enrollment | 94% UNemployed | 87.5% Employed |

# Some examples of NIDILRR-funded employment research findings (cont'd)

- <u>Project Career</u> (Kent State University) – development study still underway
  - Goal: improve postsecondary and career outcomes for students with traumatic brain injury
  - Services include person-technology match assessment, cognitive support technology training, individualized vocational case management
  - Preliminary results: of first 34 graduates, 30 employed full or part time (eight of whom are also pursuing further education), 3 not employed but pursing further education, 1 providing unpaid family elder care.

# Some examples of NIDILRR-funded employment research findings (cont'd)

- <u>Effects of Medicaid expansion on employment</u> (Collaborative on Health Reform and Independent Living, Washington State University)

  – Health Reform Monitoring Survey, 2013-2017: Trends in working and not working because of disability in Medicaid expansion states:

    -
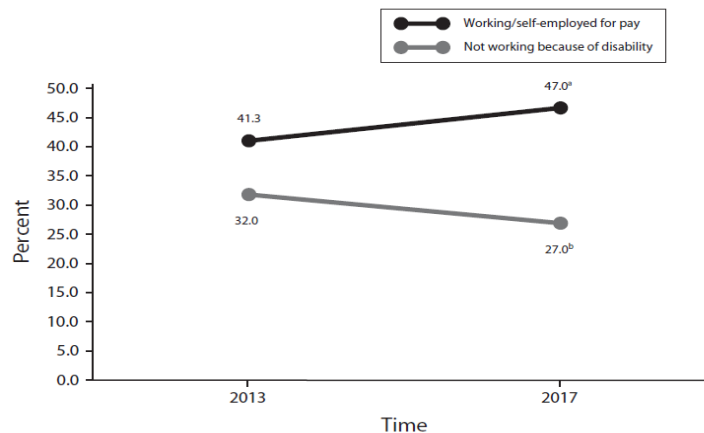
# NIDILRR grantees provide training and TA to stakeholders (e.g., webinars, informational materials, responses to TA requests) – some examples:

- Center on Knowledge Translation for Employment Research: https://kter.org/

- RRTC: Advancing Employment for Individuals with Intellectual and Developmental Disabilities: https://www.thinkwork.org/rrtc/

- DRRP: Facilitating Employment for Youth with Autism: http://www.worksupport.com/school2work/

# NIDILRR grantees provide training and TA to stakeholders (cont'd)

- The Learning and Working During the Transition to Adulthood Rehabilitation Research and Training Center (University of Massachusetts Medical School): https://www.umassmed.edu/TransitionsACR/research/projects-by-grant/rtc/

How to Keep A Job: The Young Adults Guide

Applying for a Job: The Young Adults Guide *

Do I Tell My Boss? Disclosing My Mental Health Condition at Work *

Vocational Rehabilitation: A Young Adults Guide

# ADA National Network of Technical Assistance Centers

- The Americans with Disabilities Act (ADA) National Network provides information, guidance, and training on ADA implementation in order to "assure equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities."

- Since 1991, the ADA network has served all sectors of society, including those with responsibilities under the ADA such as businesses, employers, state and local governments, architects, disability organizations and individuals with disabilities whose rights are protected under the ADA.

- ADA Network Centers in each of the 10 Regions; each of these centers focuses on its region's unique needs, while contributing to national projects and informational resources.

- Network website: https://adata.org/national-network

# For Further Information

- ACL's website: https://www.acl.gov/

- For more information about current and past NIDILRR grants, or to sign up for announcements:
  - http://naric.com/

- To learn more about NIDILRR grant mechanisms:
  - https://www.acl.gov/programs/research-and-development/

- To learn about applying for grants: (note that NIDILRR grants are 'competitive grants'):
  - https://www.acl.gov/grants/applying-grants

- Contact me:  Leslie Caplan
  - leslie.caplan@acl.hhs.gov
  - 202-795-7321

# Supplementary slides

# NIDILRR Grant Mechanisms & Contacts

Note: NIDILRR staff cannot provide feedback or input on the content of applications, but can provide technical assistance for the submission process

**Switzer Fellowships**

Kenneth Wood kenneth.wood@acl.hhs.gov

**Field-Initiated Projects (Research and Development)**
Theresa SanAgustin theresa.sanagustin@acl.hhs.gov

**Advanced Rehabilitation Research Training**
Sarah Ruiz sarah.ruiz@acl.hhs.gov

**Rehabilitation Research and Training Centers**
Contacts specific to announcements

**Rehabilitation Engineering Research Centers**
Thomas Corfman thomas.corfman@acl.hhs.gov

**Disability and Rehabilitation Research Projects**
Contacts specific to announcements

# Supporting Integrated, Competitive Employment of People with Disabilities through Medicaid Managed Care

Sarah Triano, Director of Complex Care Policy & Innovation
NASUAD Fall Conference 2018. August 30, 2018. Baltimore, MD

# Centene Overview

**CENTENE®** *Corporation'*

## WHO WE ARE



## St. Louis

based company founded in Milwaukee in 1984

## 41,200 employees

**#19** on Fortune's **Change the World List**
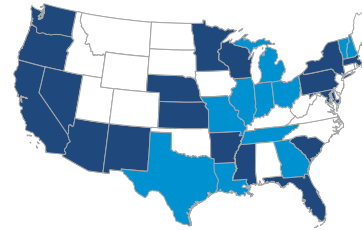
**#43** on Forbes' **Global 2000: Growth Champions List**

**MLTSS** (8 states, 255,000+ members, Largest MLTSS plan in country per HMA)

**MMP** (6 States, 50,000 members, over 13,000 LTSS)

**IDD** (8 States, 29,000 members)

## WHAT WE DO



## 31 states

with government sponsored healthcare programs

**Medicaid** (25 states)

**Marketplace** (16 States)

**Medicare** (20 States)

**Correctional** (12 States)

*state count reflects pending Fidelis Care (NY) transaction*

## 2 international markets

## 12.8 million members

includes 2.9 million TRICARE eligibles

## ~300 Product / Market Solutions

# Why is Centene Invested in Successful Employment Outcomes for People with Disabilities?

1. **Employment is a key *social determinant of health***

   - **Documented correlation between**:

     - Employment and health, in general
       - Waddell, G. and Burton, AK. Is Work Good For Your Health And Well-Being? (2006) EurErg Centre for Health and Social Care Research, University of Huddersfield, UK
       - Ross, C., & Mirowsky, J. (1995). Does Employment Affect Health? *Journal of Health and Social Behavior, 36*(3), 230-243.

     - Employment and health for people with disabilities, in particular
       - *The Impact of Employment on the Health Status and Health Care Costs of Working-age People with Disabilities,* The National Center on Leadership for the Employment and Economic Advancement of People with Disabilities (LEAD), November 2015.

     - Employment and mental health
       - Morris, M. *The Link between Work and Mental Health*, December 6, 2017.
       - Van der Noordt, M, Jzelenberg, H, Droomers, M, and Proper,K. Health effects of employment: a systemic review of prospective studies. BMJournals. Occupational and Environmental Medicine. 2014: 71 (10).

# Why is Centene Invested in Successful Employment Outcomes for People with Disabilities?

**CENTENE®** Corporation

2.  **Effective *person-centered* healthcare *begins* with having a workforce *that reflects the persons served*.**

   ➢ Very small percentage of people with disabilities in the healthcare sector.



Who told them they can't work?
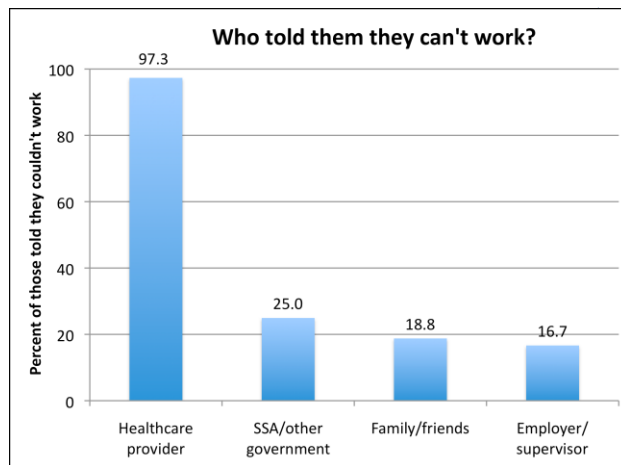
Kaye, H. S. (2010). "Barriers to employment for people with disabilities: Bad advice, poor health, and ineffective public policy." *Disability and Health Journal, 3*(2), e6.



How, who would do that? Y'know?

   • *Open the Door, Get 'Em A Locker: Educating Nursing Students with Disabilities*, National Organization of Nurses with Disabilities

# Promoting Disability Employment in Medicaid-Funded Entities like Centene



- **Centene *employs the people we serve and aims to be a model employer of people with disabilities***

  - **Corporate target**: % of people with disabilities represented in Centene's workforce

    Centene named one of the **Best Places to Work for People with Disabilities** based on 90% score on the **Disability Equality Index** (DEI) in 2017 and a 100% score in 2018.

  - Centene People with Disabilities **Employee Inclusion Group** launched on August 9, 2018.

  - **Sunflower Health Plan** - recipient of 2016 **Disability Champion Award** from the Greater Kansas City Business Leadership Network.

# Why is Centene Invested in Successful Employment Outcomes for People with Disabilities?

**CENTENE®** *Corporation*

3. **Medicaid plays a *key role* in ensuring members have the necessary long-term services and supports (LTSS) to achieve competitive, integrated employment**

   ➢ Existing Medicaid authorities in some states that support integrated, competitive employment for Centene's MLTSS members with disabilities:

| Centene MLTSS State | MTLSS Contract Required Employment Services |
|---|---|
| IL | Supported employment, employment assistance (locating a job/job development), pre-vocational services, habilation, assistive technology (AT), vehicle adaptation through partnership with Vocational Rehabilitation |
| KS | Supported employment, employment assistance, habilation, AT, day supports |
| PA | Employment skills development, job coaching/finding, customized employment, benefits counseling, non-medical transportation, vehicle adaptation |
| TX | Supported employment, employment assistance (identifying employment preferences, skills, job requirements, job development), habilation |

# Sunflower Health Plan

- **Project SEARCH**
  - School-to-work transition program
  - Founded in 1996 at Cincinnati Children's Hospital
  - Over 350 individually licensed programs in 45 states.
  - Uses 3 different internship rotations immersed in host businesses across 9 months that teach marketable, transferrable job skills.

  - **1 measure of success: *competitive* employment in an *integrated* setting.**

- **Sunflower Statewide Coordination for Project SEARCH in Kansas**
  - Kansas in 6th year of implementation
  - Over 350 participants since 2011 with approximately 200 host businesses across Kansas permanently hiring interns.
  - Sunflower manages 12 Project SEARCH sites throughout Kansas.
  - Braided funding (including 1915(c) day support waiver services).

# Sunflower Project SEARCH Results to Date



➢ **78% success rate** in securing **competitive, integrated employment**
  • Exceeds national average employment rate of people with IDD (18%) and in Kansas (10%.)

# Linking Centene's MLTSS Members with Employment Resources

➤ **Intentional efforts made during MLTSS assessment and care coordination around employment**

- *All* MLTSS members in *all* settings asked about employment status and goals on Centene comprehensive MLTSS member assessment
- Member employment goals incorporated into care plan
- Revised care management workflow to proactively refer to internal Employment Coordinator and external employment resources.

➤ **Results of AZ pilot**

- 26 of 32 of pilot participants engaged in job-seeking activities
- 3 of 32 of participants successfully placed in paid employment
- Increase in average number of MLTSS members employed
- Increase in average number of MLTSS members interested in employment or volunteer work increase
- Community partnerships strengthened

➤ **Value-Added Employment Benefits**

# Supporting Medicaid Eligibility Pathways that Promote Employment

**CENTENE®** *Corporation*

➢ **Centene National Disability Advisory Council policy recommendations**

- **"Able-bodied"/ "disabled" binary** used to determine applicability of, and exemption from, work requirements is inherently flawed and could result in unintended policy consequences.

- Carefully define which populations are subject to, and exempt from, the work requirements in a way that recognizes a **broad definition of disability**.

- Proactively work to build the labor, workforce development, and LTSS **infrastructure** necessary to incentivize work.

- **Reverse current position** disallowing states from using federal Medicaid dollars to provide employment services and supports.

- Condition approval of work requirements on state efforts to:
  a. Increase income and asset opportunities under the **Medicaid Buy-In** (MBI) program or remove income and asset thresholds;
  b. Eliminate the age 65 limit for MBI eligibility in states that have it; and
  c. Implement an MBI in states where one currently does not exist.

- **Test models** that support Medicaid beneficiaries to work without loss of HCBS benefits, and **document savings accrued**.

# Thank You

- Please send any additional feedback or questions to:
  - Sarah Triano, Director of Policy & Innovation, Complex Care & Interim PAI Director
    striano@centene.com, 916.246.3722